

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/08/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 95851 on dates of service 08/05/02 and 08/20/02.

II. RATIONALE

The respondent denied CPT code 95851 on dates of service 08/05/02 and 8/20/02 as “2-By clinical practice standards, this procedure is incidental to the related primary procedure billed”. The respondent did not specify what procedure the range of motion testing was incidental to; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The Range of Motion testing reports submitted for 08/05/02 and 08/20/02 support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$72.00 is recommended

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for in the amount of **\$72.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$72.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of February 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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